



Michigan Department of Health & Human Services

Provider Enrollment

New Rendering/Servicing Provider

Step 2: Add Specialties

“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations

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Provider Enrollment Process Overview

- Step 1: Determine if provider needs to enroll with CHAMPS Michigan Medicaid
 - Policy Bulletin MSA: [13-17](#)
 - Policy Bulletin MSA: [18-47](#)
 - Policy Bulletin MSA: [19-20](#)
- Step 2: [Determine CHAMPS Enrollment Type](#)
- Step 3: [Register with SIGMA – Vendor Self Service](#)
- Step 4: [Register for a MILogin Account for Access to CHAMPS](#)
- Providers wishing to elect another person to have Domain Administrator rights are required to submit:
 - Form: Electronic Signature Agreement Cover Sheet ([MDHHS-5405](#))
 - Form: Electronic Signature Agreement ([DCH-1401](#))

Starting a New Provider Enrollment Application

Details to Step 2: Add Specialties

Track Application - [PDF](#), [Recording](#)

Application ID: 20171106241608

Name: Tester, Testing

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/06/2017	11/06/2017	Complete	
Step 2: Add Specialties	Required			Incomplete	
Step 3: Associate Billing Provider	Required			Incomplete	
Step 4: Add License/Certification/Other	Optional			Incomplete	
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required			Incomplete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required			Incomplete	
Step 10: Submit Enrollment Application for Approval	Required			Incomplete	

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- Individual Provider Enrollment steps are listed (Please Note: some steps are required verses optional)
- Step 1 has a status of Complete
- Click on Step 2: Add Specialties



Provider ▾



Quick Find

Note Pad

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My Favorites ▾

Print

Help

Home > New Enrollment > Individual Enrollment

Application ID: 20171106241608

Name: Tester, Testing

Close

Add

Primary Speciality



Specialty/Subspecialty List



Filter By



Go

Save Filters

My Filters ▾

Specialty/Subspecialty

Provider Type

End Date

☐ ▲▼

▲▼

▲▼

No Records Found !

- Click Add

Application ID: 20171106241608

Name: Tester, Testing

Add Specialty/Subspecialty

Provider Type: ---SELECT--- ▾ *

Specialty: ▾ *

End Date: 

Add Subspecialty


Available Subspecialties

Associated Subspecialties *



Cancel

- Choose appropriate Provider Type and Specialty (*Please Note: There is no need to fill in an End Date*)
- Dependent on the Specialty chosen, Available Subspecialties will populate
- Select Available Subspecialties click >> to add to Associated Subspecialties list
- Click Ok


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> New Enrollment
> Individual Enrollment

Application ID: 20171106241608
Name: Tester, Testing

Close
Add
Primary Specialty

Specialty/Subspecialty List

Filter By ▾
Go
Save Filters
My Filters ▾

Specialty/Subspecialty	Provider Type	End Date
<input type="checkbox"/> Δ ▾ <input type="checkbox"/> Professional Counselor/No Subspecialty	<input type="checkbox"/> Δ ▾ NON-PHYSICIANS	<input type="checkbox"/> Δ ▾ 12/31/2999

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- Once all Specialties/Subspecialties have been added, click Primary Specialty

Application ID: 20171106241608

Name: Tester, Testing

Primary Specialty For Enrollment



Primary Specialty/Subspecialty: NON-PHYSICIANS/Professional Counselor/No Subspecialty ▾ *

Board Certified: ☐ Yes ☒ NoBoard Eligible: ☐ Yes ☒ No

Start Date: 01/01/2015 *


Your designation and attestation of a primary specialty will be utilized to identify and evaluate your eligibility for the Primary Care Rate Increase.


(If Board Certified, please provide Board Certification No. in License/Certification/Other step.)

(If Board Eligible, please provide Board Eligibility Information. in License/Certification/Other step.)

End Date: 12/31/2999

- Choose Primary Specialty/Subspecialty from the drop-down list of already added specialties
- Select Yes if Board Certified or Board Eligible
- Enter Start Date
- Click Save
- Click Close


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Application ID: 20171106241608
Name: Tester, Testing

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Add
Primary Specialty

Specialty/Subspecialty List

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Specialty/Subspecialty	Provider Type	End Date
<input type="checkbox"/> ▲▼	<input type="checkbox"/> ▲▼	<input type="checkbox"/> ▲▼
<input type="checkbox"/> Professional Counselor/No Subspecialty	NON-PHYSICIANS	12/31/2999

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- Click Close to return to the enrollment steps

Application ID: 20171106241608

Name: Tester, Testing

Close

Enroll Provider - Individual

Business Process Wizard - Provider Enrollment (Individual). Click on the Step # under the Step Column.

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	11/06/2017	11/06/2017	Complete	
Step 2: Add Specialties	Required	11/06/2017	11/06/2017	Complete	
Step 3: Associate Billing Provider	Required			Incomplete	
Step 4: Add License/Certification/Other	Required			Incomplete	Please add required License/Certification.
Step 5: Add Provider Controlling Interest/Ownership Details	Optional			Incomplete	
Step 6: Add Taxonomy Details	Required			Incomplete	
Step 7: Associate MCO Plan	Optional			Incomplete	
Step 8: Upload Documents	Optional			Incomplete	
Step 9: Complete Enrollment Checklist	Required			Incomplete	
Step 10: Submit Enrollment Application for Approval	Required			Incomplete	

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- Step 2 is complete
- Click on Step 3: Associate Billing Provider

Provider Enrollment Resources

- **Provider Enrollment website:** http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_85441---,00.html
- **Trainings:**
 - [MILogin](#)
 - [CHAMPS Enrollment Application: Individual/Sole Proprietor User Guide](#)
 - [Domain Administrator Functions](#)
- **Forms:**
 - Electronic Signature Agreement Cover Sheet ([MDHHS-5405](#))
 - Electronic Signature Agreement ([DCH-1401](#))
- **Provider Enrollment:**
 - (800) 292-2550
 - ProviderEnrollment@Michigan.gov
 - ProviderSupport@Michigan.gov